

Smallpox Case Investigation

Form 3 – Contact Identification

Case ID:

Form 3 - Contact information (period from onset of fever until case interview)

Pale green

Form 3A - for recording names and contact information for household contacts

Form 3B - for recording names and contact information for non-household contacts

Form 3C - for recording names and addresses (or geo-codes) for sites visited

Form 3D - for recording information on transportation and places visited outside of work or residence

Introductory Script for Contact Module for Case Interview

It is very important that we ask you questions now because (you/your child/other) may have smallpox infection. If you are the suspected case, the questions relate to you. If we are interviewing you about your child or another family member or a close friend who may have smallpox, these questions relate to that person. The more information that we get from you now, the more chance we have of stopping the spread of this very serious illness. We will be asking you many questions about places (you or insert name for child/other _____) have been to and people (you or insert name for child/other _____) have been with.

We will be asking you lots of questions about people (you or insert name for child/other _____) have been around, places (you or insert name for child/other _____) have been including regular activities such as work and school and occasional activities or trips (you/your child/other) might have taken, in different periods of time. Firstly we need to know who (you or insert name for child/other _____) have been in close contact with and where you have been since you became sick starting with the first day of your fever. These people may have caught smallpox from you and we can prevent them coming down with smallpox or make the illness less serious if we vaccinate them as soon as possible. Every day counts.

We will show you a calendar to help you remember this information. This interview will about 30 minutes to finish—we know it will be tiring--please do the best you can. After that, we will talk with you about a different time period before you got sick to try and find out where you caught this infection.

We will start by looking at the calendar. Interviewer should record date of fever onset, date of rash onset and date of interview. Mark the days from fever onset until today (date of interview) in blue and refer to the calendar as you review activities each day. The interview starts with the day of fever onset and proceeds through each day until the day of the interview. It may be helpful to list activities for each day as that day is discussed.

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Insert month e.g. December	Insert month	Insert month	Insert month	Insert month	Insert month	Insert month

- Household Contacts:** Please tell me about everyone who currently lives in your household as well as persons who work full time in your household (child care, house cleaner). Record information on these persons on Form 3A (**Household Contact Form**)
- In what kind of housing do you live?
 - ☐ Single house
 - ☐ Separate apartment (has its own door to the outside, no shared indoor spaces with other residents not living in your household)
 - ☐ Communal apartment/dormitory (shared areas that other apartment or dormitory residents use to congregate)
 - ☐ Shelter/Other, specify

If you live in a communal residential setting, please think about persons whom you had face to face contact with each day that we review. As days are reviewed, list these people on Form 3B (**Non-household Contact Form**)

Interview script: Now, let's try to remember back to the day your fever started. That day was (insert day-----) a weekday/weekend day. What did you do on that day? For example:

- Did you go to work, school or another regular activity?
- Did you drive your children and/or other people's children to school or day care?
- Did you visit a doctor, medical clinic, emergency room or any other health care provider?
- Did you eat breakfast, lunch or dinner with anyone outside your immediate family at a restaurant or anywhere else?
- Did you visit friends or go on any social outing?
- Did you play any sports, go to a gym or attend a sporting event?
- Did you go to the movies or theater?
- Did you visit any of the following:
 - an airport, train or sub-way station?
 - your child's school, day care center?
 - shopping malls, centers or stores
 - church, synagogue, mosque or other place of worship
 - community center
 - restaurants, cafes, delis, fast food restaurants, or bars
 - a bookstore or video store

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- a pharmacy, drug store, natural foods/health store
- any event with > 100 people
- What else did you do?
- Where else did you go?
- Who else did you come into contact with?
- How did you travel to and from each of these activities? Do you car pool, take the train, sub-way, bus or other public transportation?
- Did you travel out of town (if city, out of the urban area; if rural, out of the county)? If yes,
 - what kind of transportation did you use?
 - public transportation? - complete transportation form
 - private shared transportation - complete transportation form
 - Who did you meet with? – complete non household contact form
- If you stayed home, did anyone visit you or did friends of other family members visit and come into contact with you?
- If you live in a communal living setting such as a shared apartment, dormitory, group home, shelter or other setting, please consider the names of persons you may have come into close contact with that day.

For each person that you came into contact with, we would like you to try to remember how long you were in contact with them. Was it an hour, more, less?

Note: If case went to work, school or was seen in a medical setting, please complete questions 3-12 and record information on named contacts on Form 3B for Non-Household Contacts. For each person named, please record the estimated duration of exposure in hours. For activities where exposure may have occurred and persons names are not known (e.g. doctor's office, classes, restaurant), record sites visited on Form 3C for Contact Sites and for any transportation to any activity and any travel out of the area of residence use Form 3D for Transportation Contacts.

Now, let's try to remember back to the day after your fever started. How did you feel that day? Did you stay at home or go about your normal activities such as work, school or another regular activity? Did you visit a doctor, medical clinic, emergency room or any other health care provider? What else did you do? Where else did you go? How did you travel around? Who else did you come into contact with? If you stayed home, did anyone visit you or did friends of other family members visit and come into contact with you? Please review the list of questions provided above.

Note: If case went to work, school or was seen in a medical setting, please complete questions 3-12 and record information on named contacts on Form 3B for Non-Household Contacts. For each person named, please record the estimated duration of exposure in hours. For activities where exposure may have occurred and persons names are not known (e.g. doctor's office, classes, restaurant), record sites visited on Form 3C for Contact Sites and for any transportation to any activity and any travel out of the area of residence use Form 3D for Transportation Contacts.

Continue with interview, reviewing activities and persons case came into contact with day by day until current date. Record all information on the appropriate forms.

3. Case visit to a site for medical care including a clinic, doctor's office, walk-in or emergency center, chiropractor's office, acupuncturist's office or an alternative health provider/ healer.

Was this your regular health care provider? 1. Yes 2. No

Name of providers, clinics visited

Address Street

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City

State

Zip

Phone number(s) 1.

2.

Fax:

Date of visit

Time period (from arrival to departure from facility)

4. Second visit to a medical provider (including hospital or Emergency Department) before hospital admission (if needed)

Name

Address Street

City

State

Zip

Phone number(s) 1.

2.

Fax:

Date of visit

Time period (from arrival to departure from facility)

For all medical visits that occurred after onset of fever, follow up with physician or other office to identify person who may have been exposed and use **Form 3B for Non-household Contacts** and **Form 3C to designate site of medical visit**.

5. If the case worked in a full time or part time job outside the home since the day of onset of fever, please ask the following questions:

Please describe your workplace

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- 1 ☐ Building with more than 1 work company or organization
- 2 ☐ Separate building or work site housing 1 company or organization only
- 3 ☐ Not a fixed site (driver etc.)
- 4 ☐ Other, specify
-

6. If you work in a building, how many people work in the same building or facility?

- ☐ < 20 ☐ 20-49 ☐ 50-99 ☐ 100-249 ☐ ≥ 250
-

7. Do you work in: 1 ☐ office with door 2 ☐ office without a door 3 ☐ cubicle 4 ☐ open space

8. Do you interact in person with (check all that apply):

Coworkers 1 ☐ Yes 2 ☐ No

Members of the public 1 ☐ Yes 2 ☐ No

If yes, specify number per day

Persons from other businesses 1 ☐ Yes 2 ☐ No

If yes, specify number per day

9. How many coworkers are in your office?

- ☐ < 10 ☐ 11-20 ☐ 21-49 ☐ ≥ 50
-

10. For each day that you worked since your fever started, please try to remember all the coworkers and other people you had face to face contact with (Use **Form 3B for Non-household Contact** to list these people, if you cannot remember the name of a client, please provide any information to help us identify the person or name the site on the **Form 3C, Contact Site Visit Form**).

11. For cases who attended school or other classes or activities on any day since fever onset, record the following information for each day attended:

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Name of school or community center

Which classes

What date(s)

What times

Please list the name of any person at the school or college with whom you had face to face spent contact since the fever began (do not list all classmates, but try to recall if you met with a classmate or teacher or other person in addition to regular classroom attendance. Please list these persons on **Form 3B for Non-household Contacts**.

Thank you for your assistance. It is very important that we contact the people you have told us you had contact with after your illness started to vaccinate them. If you remember any additional people after this interview, please contact me (provide name and contact information).

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Form 3A -- Household Contact Form

Household contacts: list all persons who live or work full time in your household

[illegible]

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Form 3B -- Non-household Contact Form

Non-household contacts: List all persons who had face to face contact with case or whom had any contact in a medical setting

Last Name	First name	DOB (or if unk. Age yrs)	Sex M/ F	Relation ship [†]	Place of contact [‡]	Date(s) of contact ^φ	Duration of contact (hours)	Phone # [‡]	Social security #	Address			
										Street	City	State	Zip

[†] friend, neighbor, work site person, teacher, school administrator, other.... ^φ use 1 row for each date

[‡]Work, school, doctor’s office, other health care office, friend’s house, restaurant,

[‡] list all phone numbers (home, work and cellular) and use 1 row for each

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[illegible]

List all sites that case visited after onset of fever: Date ____/____/____

[illegible]

Case ID: _____

[illegible]